

Minutes
Utah Asthma Task Force Meeting
July 1, 2008
7:30 a.m. - 9:00 a.m.

Attendees: Stacey Adams, Abby Atherton, Heather Borski, Renee Calanan Emily Carlson, Toni Carpenter, Gene Cole, Michelle Hoffman, Liz Huggins, Michael Krammer, Jessica Martinez, Steve Packham, Robert Rolfs, Charlotte Vincent, & Cherissa Wood

Staff: Celeste Beck, Rebecca Giles, Kimberly Johnson, Becca Jorgensen, & Ali Martin

I. Announcements

- The FY09 asthma mini-grant application is now available. Community based organizations may apply for \$2,000 to \$3,000 in short term funding for the time period of September 2, 2008 to August 31, 2009. We anticipate 2-3 projects will be funded. Applications are due to Kim Johnson by July 31st, before 5:00 pm. To download an application visit: www.health.utah.gov/asthma. Contact Kim with questions at: 801-931-6993 or kjohnson@lungutah.org.
- A survey analysis of the Utah Asthma Task Force (ATF) partnership is taking place. The survey will be distributed by Tricia Jack with the Center for Public Policy at the University of Utah. Allow 10-15 minutes to complete the survey and let the Utah Asthma Program (UAP) know how they may better serve you.
- We are updating the ATF list-serve and mailing list. Contact Kim to update your contact information at: 801-931-6993 or kjohnson@lungutah.org.
- The Youth Asthma Report is now available at: www.health.utah.gov/asthma. This report reveals the latest statistics of asthma among youth in Utah.
- The Asthma Health Care Provider Manual has been updated to reflect the NHLBI 2007 Diagnosis and Management Guidelines available at: www.health.utah.gov/asthma.

II. Action Group Updates

The Utah ATF is made up of individuals and organizations that are interested in helping those with asthma in the community. The task force includes four action groups: Asthma Management, Health Systems, Population Issues, and Risk Factors.

- A. Asthma Management- Jeff Zobell (excused), Chair (Abby Atherton reporting)

The asthma management group's Asthma-friendly Pharmacist Training was held April 18, 2008 in St. George, UT. Pharmacists from across the state participated. The group is currently working on receiving IRB approval to begin the pilot program.

B. Health Systems- Becca Jorgensen, UDOH Asthma Program

The health systems group updated the Asthma Healthcare Provider Manual in June 2008, to reflect the 2007 National Asthma Education and Prevention Program's (NAEPP) Diagnosis and Management Guidelines. The Utah Asthma Program has had over 100 requests thus far for the updated manual. To download the provider manual visit: www.health.utah.gov/asthma.

In addition, this group is developing an emergency discharge program for asthma patients. Asthma education will be provided to patients with asthma before they are released from the emergency department. Program objectives include improved asthma management and decreased emergency department visits among patients.

C. Population Issues- James Gordon (excused), Chair (Kim Johnson reporting)

The population issues' youth subgroup is creating an Asthma School Advocate Resource Packet. The packet includes asthma information and resource, which trained advocates may present to Utah schools. The packet is scheduled to be completed in August 2008 and the pilot program will start in September or October 2008.

This subgroup is also developing a school to parent communication strategy. A project needs assessment survey is in its final stage of development. The survey will reveal schools' truancy intervention programs and how they track reasons for student absences. The results will identify the extent of resources schools have to assist families in managing their child's asthma to improve school attendance. The survey will be administered fall 2008.

The adult subgroup is developing workplace tobacco policies and signage for local businesses. The older adult subgroup is marketing Salt Lake County Health Aging Program's Breathe Easier Project and Prime Senior Services Asthma Community Workshops. The special populations' subgroup is translating asthma resources to Spanish.

D. Risk Factors- Steve Packham, Chair

The risk factors group is adapting the respiratory disease materials, previously developed for the mining industry, for the agriculture industry. Recently, Dr. Cole and his students completed a study on automobile idling and its effect on air quality in Utah County. The study's results will be released in 4-6 weeks. This group is also working to develop recommendations for outdoor summer activities when air quality is poor due to high ozone.

III. Surveillance System Evaluation- Renee Calanan, EIS Officer, CDC

The Asthma Surveillance System was recently evaluated.

Objectives of the Asthma Surveillance System:

- Establish prevalence, severity, cost, and success in managing asthma
- Monitor trends
- Guide and measure effectiveness of public health interventions
- Improve quality of life for those with asthma

Evaluation of the Asthma Surveillance System concluded:

- Surveillance system meets its objectives
- Relatively simple, flexible, has good data quality, and great potential for usefulness
- Minor changes/improvements can enhance the system

Lessons learned from the Asthma Surveillance System evaluation:

- Tracking of non-communicable diseases is important
- Asthma surveillance is complicated
- Multiple-source systems require cooperation
- Importance of dissemination by data

Contact Kim for a copy of the presentation at: 801-931-6993 or kjohnson@lungutah.org.

IV. Asthma Data- Celeste Beck, Asthma Program Epidemiologist

The Asthma in Utah report was updated to reflect results from the 2007 Behavioral Risk Factor Surveillance Survey (BRFSS). The report found that asthma affects Utah residents at all groups that it contributes to increased health care utilization and costs and that it may limit daily activities. The report also found that continual surveillance aids in the development of appropriate asthma interventions.

Contact Kim for a copy of the presentation at: 801-931-6993 or kjohnson@lungutah.org.

V. Doctor Office Survey- Becca Jorgensen

In most states, including Utah, medical assistants are not required to complete any formal education or certification beyond being hired and are generally trained on the job. Educational needs of the patients are falling more and more on medical assistants. Therefore it is important medical assistants be trained how to educate and support their patients, including those with asthma. A total of 38 medical professional completed the online survey.

Key findings of the survey results:

- 70% of Urban participants do not know what an Asthma Action Plan is

- 60% of urban areas and 40% of rural areas say they do not educate patients on signs/symptoms of asthma
- 58.33% of urban participants say they do not teach patients how to use an inhaler

Recommendations based on survey results:

- Increase knowledge/awareness of Asthma Action Plans among doctor office staff
- Encourage in-office education on signs/symptoms of asthma, asthma triggers, asthma medications and the asthma inhaler technique
- Emphasize the importance of knowing and teaching about individual asthma triggers

VI. Ozone- Steve Packham, Division of Air Quality

This ozone presentation was a review of air quality information and health-related studies.

Conclusions from the study found the:

- Effects of ozone on lung function is dose dependent
- Reversible acute effects have been reported at or near the standard
- Inflammatory responses are dose dependent and reversible within 12 to 72 hrs
- Some people experience symptoms when air pollution includes ozone levels at and below the standard. There are likely confounding causes for these symptoms.
- The evidence from temporal association studies with ambient ozone levels suggests an inconsistent and weak association

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VII. Next ATF Meeting

Tuesday, October 7th
 7:30 A.M. – 9:00 A.M.
 UDOH- Cannon Building
 Rm. #125